

Amendment 1 (**issued February 9, 2012**) to the REQUEST FOR PROPOSALS FOR CARE  
MANAGEMENT ENTITIES Published: January 11, 2012 (RFP)

There are twenty-four (23) modifications and one (1) addition to the RFP contained in this Amendment 1. New text to be inserted into the RFP is in all bold capital letters and underlined. Text that is being deleted from the RFP is crossed out.

- 1) Key Information Summary Page, pg. 4 – The second item from the bottom of the page - the anticipated start of the Contract is listed as “July 1, 2012.” That date is being changed to “June 1, 2012”, to be consistent with Contract term (see page 3-Key Information Summary Page) and Section 1.24 Duration of the Contract. The revised text should read as follows:

**Anticipated Start of Contract: JUNE 1, 2012**~~July 1, 2012~~

- 2) Table of Contents, Part VI, Appendices, pg. 5 – The reference to “Appendix G: Minimum Data Set” will be struck out and the entire Appendix G will be deleted to be consistent with item 22 of this Amendment 1.

~~Appendix G: Minimum Data Set .....~~143

- 3) Part I, Section 3.2.4 - MD CARES (SOC Grant), pg. 26 – The third paragraph from the top of the page references the “Family Team Meetings.” That reference is being changed to “Baltimore Mental Health Systems, Inc. (BMHS), the Core Service Agency for Baltimore City, or its Designee” to reflect current practice. The revised text should read as follows:

By referring children and youth to the CME from the ~~Family Team Meetings~~**BALTIMORE MENTAL HEALTH SYSTEMS, INC. (BMHS), THE CORE SERVICE AGENCY FOR BALTIMORE CITY, OR ITS DESIGNEE**, MD CARES combines the best practices within both mental health and child welfare through the application of the Wraparound service delivery process for children and youth who have been identified during DHR Family Team Meetings to have serious mental health needs and require community support services in order to:

1. Avoid initial foster home placement;
2. Stabilize the initial placement to avoid disruption in placement; and/or
3. Divert from higher-level placement or group care.

- 4) Part I, Section 3.2.6 – **ADDITION**, pg. 26 – The following population is being added to the RFP. The additional text reads as follows:

**3.2.6 STABILITY INITIATIVE (DHR/DJS POPULATIONS)**  
**THE SERVICE FOCUS OF THIS INITIATIVE IS THE CARE MANAGEMENT AND TREATMENT OF CHILDREN AND YOUTH IN THE MARYLAND FOSTER CARE SYSTEM AND/OR MARYLAND JUVENILE JUSTICE SYSTEM, AT THE POINT OF INITIAL DIAGNOSIS OF SERIOUS EMOTIONAL DISABILITY, IN ORDER TO PREVENT OUT-OF-HOME PLACEMENT**

**OR DISRUPTION IN CURRENT PLACEMENT WHEN THE DISABILITY IS EXPECTED TO LAST IN EXCESS OF ONE (1) YEAR.**

**THE CME SHALL PROVIDE CARE COORDINATION SERVICES TO UP TO ONE HUNDRED (100) CHILDREN AND YOUTH IN THIS POPULATION AT A TIME.**

- 5) Part I, Section 3.3.1 - Total Projections for Contract Year 1, pg. 27 – First heading from top of page “**MD CARES 40 slots (will decrease over time)**” is modified to “**MD CARES ~40 slots (will decrease over time)**” as there are currently 41 slots filled. The Interim Case Services Account (ICSA) population will be added to be consistent with section 3.2.5 of the RFP, and the new population entitled “Stability Initiative” will be added to be consistent with item #4 of this Amendment 1. The revised text should read as follows:

**Total Projections for Contract Year 1:**

All children and youth shall be served on a first come, first served basis, using specific eligibility criteria. The number of children and youth who can be served across populations and funding sources (*i.e.*, the number of program “slots”) will be based on 1) the amount of funding available for each population and 2) the extent to which the CME has reduced the cost per child/youth served over historical costs for the target population. GOC, on behalf of the Children’s Cabinet, will maintain a reserve amount in the Children’s Cabinet Interagency Fund for emergency uses.

<b>DJS Out-of-Home Placement Diversion</b>	75 slots
<b>DHR Out-of-Home Placement Diversion</b>	75 slots
<b>MD CARES</b>	~40 slots (will decrease over time)
<b>RTC Waiver</b>	~140 slots (will decrease over time)
<b><u>ICSA</u></b>	<b><u>5 SLOTS (WILL DECREASE OVER TIME)</u></b>
<b><u>STABILITY INITIATIVE</u></b>	<b><u>100 SLOTS</u></b>

- 6) Part I, Section 3.3.2. – Referrals to the CME for Services, pg. 27 – The referral process for MD CARES and Rural CARES Systems of Care Grant populations is being changed to reflect current practice. The referral process for the Stability Initiative is being added to be consistent with item #4 of this Amendment 1. The revised text should read as follows:

**C. SOC GRANTS**

Referrals for the **SYSTEM OF CARE GRANT POPULATIONS WILL COME FROM BALTIMORE MENTAL HEALTH SYSTEMS, INC. (BMHS), THE CORE SERVICE AGENCY FOR BALTIMORE CITY, OR ITS DESIGNEE FOR THE MD CARES POPULATION; AND FROM THE RURAL CARES OFFICE IN TALBOT COUNTY FOR THE RURAL CARES POPULATION. THE CME SHALL SERVE ALL CHILDREN/YOUTH REFERRED TO IT BY BMHS OR ITS DESIGNEE AND THE RURAL CARES OFFICE, AS APPLICABLE, AS LONG AS CHILDREN/YOUTH MEET THE ELIGIBILITY CRITERIA ESTABLISHED BY THE RESPECTIVE SYSTEM OF CARE GRANT** MD CARES and Rural CARES Systems of Care Grant populations will come from DHR or DSS staff based on the FIM. The CME shall serve all children/youth referred to it by DHR or DSS, as long as children/youth meet the eligibility criteria established by DHR/DSS.

**F. STABILITY INITIATIVE**  
**REFERRAL PROCESS IS UNDER DEVELOPMENT.**

- 7) Part I, Section 3.4.2 - Care Coordination, pg. 29 – Text in the section heading at the top of the page should be modified to include all populations. The revised text should read as follows:

**3.4.2 CARE COORDINATION (~~ALL DHR Out-of-Home Placement Diversion and DJS Out-of-Home Placement Diversion~~ Populations)**

- 8) Part I, Section 3.4.2 - CARE COORDINATION (DHR Out-of-Home Placement Diversion and DJS Out-of-Home Placement Diversion Populations), pg. 30 – Top of page, first sentence should be modified to reflect the appropriate Appendix. The revised text should read as follows:

See ~~Appendix F~~ **APPENDIX E** for a flowchart illustrating the interaction between the CME and the child, family and CFT once a child is enrolled in the CME.

- 9) Part I, Section 3.4.3 – Resource Development and Provider Network Management (All populations), pg. 31 – The last sentence in the second paragraph of Section 3.4.3 should be modified to reflect the appropriate Appendix. The revised text should read as follows:

See ~~Appendix G~~ **APPENDIX F** for an outline of the necessary components of a continuum of care.

- 10) Part I, Section 3.4.4.1 - FAMILY AND CHILD/YOUTH PARTNERSHIP, pg. 31 - The first sentence of the last paragraph of the page is being modified to reflect what the CME can feasibly be responsible for regarding obtaining family support services. The revised text should read as follows:

**IF AVAILABLE**, the CME shall ensure that family support partners and, where appropriate and available, child/youth support partners are available if requested by the child or his family.

- 11) Part I, Section 4.1.L - CONDITIONS PRECEDENT, pg. 37 – The third item from the top of the page is being modified to reflect current practice. The revised text should read as follows:

L. The Contractor shall participate in Wraparound Fidelity **& OUTCOMES MONITORING EVALUATION** ~~Assessment System data collection, including~~ **COMPONENTS OF THE WRAPAROUND FIDELITY ASSESSMENT SYSTEM (WFAS), AND** necessary releases to contact participants, ~~and other evaluations, including the submission of CANS, demographic, and functional outcomes data;~~

- 12) Part I, Section 4.1.Q.1 - CONDITIONS PRECEDENT, pg. 37 – The last item in this section - the fully operational date is listed as “June 1, 2012.” That date is being changed to “July 1, 2012,” to be consistent with the amended Attachment D, Volume II - Financial Proposal (item 16 of this Amendment 1), which reflects June 1, 2012 through June 30, 2012 as the start-up period under the Contract. The revised text should read as follows:

Q. The Contractor must participate in all transition and rollout processes as designed by the State, regions and localities, to include:

- (i) Assuring that services as described in this RFP (Section 3.0, Scope of Work) are fully operational by **JULY** ~~June 1, 2012;~~ and

- (ii) Developing a written transfer procedure, subject to written approval by GOC, to assure that individuals receiving services under the current contract as of June 30, 2012, will continue appropriate assessment and care coordination services under this Contract, without interruption to essential services.

13) Part I, Section 4.2.1.D – Clinical Director, pg. 39 – The first item on the top of the page is being modified to require that the employee be enrolled in or have completed the Wraparound Practitioner Certificate Program or other equivalent training and certification, as approved by the Children’s Cabinet. The revised text should read as follows:

- 4. The CME must employ one (1) to two (2) **Clinical Director(s)** based on number of children/youth served who:
  - a) Has a minimum of a Master’s Degree;
  - b) Is a licensed mental health professional in the State; ~~and~~
  - c) Has completed trainings on Wraparound, crisis planning, system of care, and comprehensive screening and assessment tools, as approved by the Children’s Cabinet; and

**D) IS ENROLLED IN OR COMPLETED THE WRAPAROUND PRACTITIONER CERTIFICATE PROGRAM OR OTHER EQUIVALENT TRAINING AND CERTIFICATION, AS APPROVED BY THE CHILDREN’S CABINET.**

14) Part I, Section 4.2.1.E – Care Coordination Supervisor, pg. 39 – The second item on the top of the page is being modified to require the employee to be enrolled in or have completed the Wraparound Practitioner Certificate Program or other equivalent training and certification, as approved by the Children’s Cabinet. The revised text should read as follows:

- 5. The CME must employ **Care Coordinator Supervisors** who, at a minimum:
  - a) Have a Master’s Degree in a human services field and two (2) years of experience in a human services position;
  - b) Have at least one (1) year of experience working in community-based service provision;
  - c) Have at least one (1) year of experience working with children, youth and families;
  - d) Possess an understanding of child and adolescent development;
  - e) Have completed trainings on Wraparound, crisis planning, system of care; ~~and~~ comprehensive screening and assessment tools, as approved by the Children’s Cabinet; and

**F. ARE ENROLLED IN OR COMPLETED THE WRAPAROUND PRACTITIONER CERTIFICATE PROGRAM OR OTHER EQUIVALENT TRAINING AND CERTIFICATION, AS APPROVED BY THE CHILDREN’S CABINET.**

15) Part I, Section 4.2.1.G – Community Resource Specialist, pg. 39 – The minimum staffing requirements for the Community Resource Specialist are being modified to remove the requirement that the employee receive “certification.” The revised text should read as follows:

The CME must employ seven (7) **Community Resource Specialists (one [1] in each region)** who:

- 1. Have a minimum of a Bachelor’s Degree;
- 2. Have enrolled in or ~~completed~~ the Wraparound Practitioner Certificate Program or other equivalent training ~~and certification~~, as approved by the Children’s Cabinet;

3. Have a full understanding of and ability to communicate the services available and their potential benefit, including evidence-based and promising practices;
4. Are able to link services to specific strengths and needs in order to achieve particular goals; and
5. Will be supervised by the Provider Network Director.

16) Part I, Section 4.4.A - Administrative Requirements, pg. 43- The references to the “minimum data set” and additional required information are being struck to be consistent with item 22 of this Amendment 1. The revised text should read as follows:

The CME shall use SCYFIS or a management information system (MIS) approved by the State. If the CME elects to maintain an MIS at its own expense, it shall ensure that the MIS is secure, web-based and contains individual case records, demographic information, POCs, **AND** functional assessments, ~~the minimum data set forth in Appendix G, additional information required to conduct the Wraparound Fidelity Assessment System and any other components specified in the Contract.~~

17) Part I, Section 4.6 – Consent Forms, pg. 46 – The second paragraph is being modified to reflect current practice and terminology:

Additionally, the CME ~~shall~~**WILL** provide the family with any consent or informational forms required ~~for the evaluations conducted by the University of Maryland for Wraparound Fidelity & OUTCOMES EVALUATION Assessment System (WFAS)~~ and any other evaluations conducted on behalf of the Children’s Cabinet. The CME shall provide the University of Maryland or other entity with the completed forms, contact information and/or other required documentation in the manner prescribed in the evaluation protocol. The CME shall inform the University of Maryland or other Children’s Cabinet evaluator when a participant has enrolled in the CME and when a participant has discharged, including the reason for discharge. The CME shall provide this information at least monthly, or in a manner prescribed by the evaluation protocol that is provided by the University of Maryland or other evaluator, based on approved Institutional Review Board protocol, if applicable.

18) Part I, Section 5.4 – Additional Assessments & Measures of Functioning, pg. 48 - In the first and second sentences, a reference is made to the Wraparound Fidelity Assessment System (WFAS). This reference should be deleted and replaced with “Wraparound Fidelity & Outcome Monitoring evaluation.” The revised text should read as follows:

The CME shall fully participate in the Wraparound Fidelity ~~Assessment System (WFAS)~~ **& OUTCOMES MONITORING EVALUATION**. The CME will be required to report on outcomes in conjunction with the ~~WFAS~~ **WRAPAROUND FIDELITY & OUTCOMES MONITORING EVALUATION** with the State and its designees in the construction of semi-annual reports. Individual agencies (DJS, DHR, DHMH) may require the CME to use additional screening or assessment tools and, in so doing, will specify a regular timeframe for reporting on the outcomes of these tools in aggregate.

19) Part II, Section 3.0.D – Volume II Financial Proposal, pg. 56 – The reference to “Appendix E” is being deleted and replaced with “Attachment D.” The revised text should read as follows:

The budget narrative that outlines the proposed costs must be sufficiently detailed to make clear

how the rate for each function was determined, in conjunction with the budget documents contained in ~~Appendix E~~ **ATTACHMENT D**- Price Proposal Form.

- 20) Part III, Section 1.2 – Evaluation Process, pg. 58 – In the third and fourth paragraphs, the references to the weight of the technical proposal are being modified to be consistent with Part III, Section 1.1 of the RFP. The revised text should read as follows:

The evaluation committee may then reenter into discussions concerning the qualified proposals. At this point the evaluation committee will rank each Offeror's financial proposal from lowest to highest cost to the State. ~~However, the financial proposal will not be considered equally with the technical proposal, because awards will be made based on the best value to the State, not necessarily the lowest cost.~~ Then, if it is determined to be in the best interest of the State, the Procurement Officer may invite Offerors to make final revisions to their technical and/or financial proposals through submission of a Best and Final Offer (BAFO) (See Part III, Section 2.1).

The evaluation committee will recommend the Offeror whose overall proposal provides the most advantageous offer to the State considering price and the evaluation criteria set forth in the RFP. In arriving at this recommendation, the technical proposal will be afforded ~~more~~ **EQUAL** weight ~~than~~ **WITH** the financial proposal. If, however, the technical ranking is essentially equal for two or more offerors, the cost as described in the financial proposal may become the primary determinant of award.

- 21) Part IV, Section 3.3 – Contract Type, pg. 61 - The first paragraph in the section - the cost reimbursement contract is limited to “for Discretionary Funds.” The “start-up period of June 1 through June 30, 2012” has been included in the amended price proposal form and identified as a cost reimbursement contract type. The revised text should read as follows:

The Contract resulting from this RFP will consist of Indefinite Quantity Contract (for all populations) at a rate per child/youth per month, pro-rated for any month of service that lasts less than twenty-two (22) days, Fixed Price Contract and Cost Reimbursement Contract (for Discretionary Funds **AND THE START-UP PERIOD OF JUNE 1 THROUGH JUNE 30, 2012**) as described in COMAR 21.06.03. GOC, DHMH, DHR and/or DJS will pay the Contractor only for allowable costs incurred by the Contractor, as provided for in COMAR 21.09.01.03, in an amount not to exceed the total amount of the approved Contract.

- 22) Part V, Attachment D – Price Proposal Form, pg. 93-102 - Replaced in order to include the June 1-30, 20012 proposed budget and to correct the heading on Attachment D.2: CME Personnel Detail—Year 1 by deleting “(7 months and 0 days only)” to be consistent with the time periods for the Contract. Attachment D should be deleted and replaced with the following:

## **ATTACHMENT D**

### **INSTRUCTIONS**

1 Go to COVER SHEET tab and enter the following information in the cells noted with the information related to the organization for which you are completing the form:

- (1) Name in cell E-H9/10
- (2) Street Address in cell E-H11/12
- (3) Suite/Room in cell E-H13
- (4) Other Address in cell E-H14
- (5) City in cell E-H15
- (6) State in cell E-H16
- (7) ZIP Code in cell E-H17
- (8) Primary Contact in cell E-H18
- (9) Phone (number for Primary Contact) in cell E-H19
- (10) Fax (number for Primary Contact) in cell E-H20
- (11) Version of Best and Final Offer (Initial, BFO1, BFO2 BFO3, BFO...) in cell E-H23

\*Summary Sheet One is automatically filled; DO NOT overwrite formulas, or enter any information into the cells of this tab.

2 go to 30 day start-up year 1 part 1 tab and (this is a 30 day max budget):

- a enter fringe benefit rate in cell e5
- b CME staffing information:
  - (1) enter estimated 30 day budget in cells d9 through d17 for required positions
  - (2) enter additional job titles in column a rows 18-20 as needed and complete column d for added positions
- c CME operations information:
  - (1) enter estimated 30 day in column e rows 25 - 37
  - (2) enter additional job titles in column a rows 39 -43 as needed and complete column 3 for added items

3 Go to Personnel Year 1 tab and:

- a Enter Fringe Benefit Rate in cell F5
- b CME Operations personnel information:
  - (1) Enter required information in cells B9 and B10 and D9 through D14 for required positions
  - (2) Enter additional job titles in Column A rows 16-23 as needed and complete columns B, C, and D for added positions
- c CME Care Coordination personnel information:
  - (1) Enter required information in column B, C and D - rows 28-29 for required positions
  - (2) Enter additional job titles in Column A rows 30-42 as needed and Complete columns B, C, and D for added positions

- 4 Go to Personnel Year 2 tab and:
  - a Follow steps a and b from instruction 2
- 5 Go to Personnel Year 3 tab (option 1) and:
  - a Follow steps a and b from instruction 2
- 6 Go to Personnel Year 4 (option 2) tab and:
  - a Follow steps a and b from instruction 2
- 7 Go to Personnel Year 5 (option 3) tab and:
  - a Follow steps a and b from instruction 2
- 8 Go to Tab CME operating all years and projected operating expenses for:
  - a CME Operating:
    - (1) If you need operation expense descriptions other than the ones listed, enter the description in column B rows 21-25
    - (2) For year 1 enter required information in column C rows 7-25
    - (3) For year 2 enter required information in column D rows 7-25
    - (4) For year 3 (option year 1) enter required information in column E rows 7-25
    - (5) For year 4 (option year 2) enter required information in column F rows 7-25
    - (6) For year 5 (option year 3) enter required information in column G rows 7-25
  - b CME Care Coordination:
    - (1) If you need operation expense descriptions other than the ones listed enter them in column B rows 37-41
    - (2) For year 1 enter required information in column C rows 31-41
    - (3) For year 2 enter required information in column D rows 31-41
    - (4) For year 3 (option 1) enter required information in column E rows 31-41
    - (5) For year 4 (option 2) enter required information in column F rows 31-41
    - (6) For year 5 (option 3) enter required information in column G rows 31-41
- 9 Print all sheets and review for accuracy and make any necessary corrections prior to submission.



**ATTACHMENT D**  
**Volume II - FINANCIAL PROPOSAL**  
**FOR**  
**REQUEST FOR PROPOSALS (RFP) FOR REGIONAL CARE MANAGEMENT ENTITIES**

RFP No: DEXR2400003  
eMaryland Marketplace No: MDD1431000120  
Organization Information:  
    Name:  
    Street Address:  
  
    Suite/Room:  
    Other Address:  
    City:  
    State:  
    ZIP Code:  
Primary Contact:  
    Phone:  
    Fax:  
Closing date and time for receipt of proposals: February 27, 2012 at 12:00 PM (Noon) ET

**Attachment D.1: BUDGET SUMMARY**
**Care Management Entity—For all populations**
**Organization:**

Cme Start-Up June 1, 2012 – June 30, 2012 (Cost Reimbursement)

	YEAR 1 PART 1
Personnel (See Detail Page)	0
Fringe (See Detail Page)	0
Operating Expenses (See Detail Page)	0
Total	0

**CME Operations (Fixed Price)**

	Year 1 PART 2 (JULY 1 – JUNE 30)	Year 2	Year 3 (Option Year 1)	Year 4 (Option Year 2)	Year 5 (Option Year 3)	Total Contract Value CME Operations
Personnel (see detail page)	0	0	0	0	0	\$0
Fringe (see detail page)	0	0	0	0	0	\$0
Operating Expenses (see Detail page)	0	0	0	0	0	\$0
<b>TOTAL</b>	0	0	0	0	0	\$0
<b>OPERATION Rate Per Youth</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

NOTE: For each CME Operations position that is vacant for more than 14 days during any fiscal year, the contractor may not bill for salary and associated fringe for the number of days in excess of 14 days that the position is vacant.

**CME Care Coordination (Indefinite Quantity)**

	Year 1	Year 2	Year 3 (Option Year 1)	Year 4 (Option Year 2)	Year 5 (Option Year 3)	Total Contract Value CME Operations
Personnel (see detail page)	0	0	0	0	0	\$0
Fringe (see detail page)	0	0	0	0	0	\$0
Operating Expenses (see Detail page)	0	0	0	0	0	\$0
<b>TOTAL</b>	0	0	0	0	0	\$0

<b>CARE COORDINATION Per Youth</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
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Population (from Page 28 PART I 3 Case  
Rate.3.1)

Daily Population for budgeting	390	290	175	150	150
<b>Total Case Rate Per Youth</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

 Grand Total June 1, 2012 – 2017 \$0

## Attachment D.2: CME Personnel Detail—Year 1 (Part 1-June 1, 2012-June 30, 2012)

Organization: 0

Note: Add Additional Positions As Necessary.

Fringe Benefit Rate= \_\_\_\_\_

## Staffing

Position	Salary Included In Proposal	Fringe Benefits
Executive Director		0
Chief Financial Officer		0
Clinical Director		0
Provider Network Director		0
Community Resource Specialist		0
Quality Assurance And Data Director		0
Support Staff		0
Care Coordinator Supervisor		0
Care Coordinator		0
		0
		0
		0
Total	0	0

## Operations

Position	Budget
Rent (Include Janitorial And Utilities)	
Office Supplies	
Telephones (Include Cell Phones)	
Computers And Software	
Equipment Rental/Maintenance	
Staff Development/ Training	
Consultants	
Printing/Postage	
Local Travel	
Liability Insurance	
Performance Bond	
Payment Bond	
Background Checks	
Other:	
A.	
B.	
C.	
D.	
E.	
Total	0

**Attachment D.3: CME Personnel Detail—Year 1**

Organization: 0

Note: Add additional positions as necessary.

Fringe Benefit Rate= \_\_\_\_\_

**CME Operations**

Position	Percent Time (% FTE; maximum 100%)	# of individuals in this position at this FTE	Annual Salary	Salary Included in Proposal	Fringe Benefits
Executive Director		1.0		0	0
Chief Financial Officer		1.0		0	0
Clinical Director	100.0%	1.0		0	0
Provider Network Director	100.0%	1.0		0	0
Community Resource Specialist	100.0%	7.0		0	0
Quality Assurance and Data Director	100.0%	1.0		0	0
Support Staff	100.00	2.0		0	0
				0	0
				0	0
				0	0
TOTAL		14.0	0	0	0

**CME Care Coordination**

Position	Percent Time (% FTE; maximum 100 %)	# of individuals in this position at this FTE	Annual Salary	Salary Included in Proposal	Fringe Benefits
Care Coordinator Supervisor				0	0
Care Coordinator				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
TOTAL		0.0	0	0	0

Attachment D.4: CME Personnel Detail—Year 2

Organization: 0

Note: Add additional positions as necessary.

Fringe Benefit Rate=

**CME Operations**

Position	Percent Time (% FTE; maximum 100%)	# of individuals in this position at this FTE	Annual Salary	Salary Included in Proposal	Fringe Benefits
Executive Director		1.0		0	0
Chief Financial Officer		1.0		0	0
Clinical Director	100.0%	1.0		0	0
Provider Network Director	100.0%	1.0		0	0
Community Resource Specialist	100.0%	7.0		0	0
Quality Assurance and Data Director	100.0%	1.0		0	0
Support Staff	100.00	2.0		0	0
				0	0
				0	0
				0	0
TOTAL		14	0	0	0

**CME Care Coordination**

Position	Percent Time (% FTE; maximum 100%)	# of individuals in this position at this FTE	Annual Salary	Salary Included in Proposal	Fringe Benefits
Care Coordinator Supervisor				0	0
Care Coordinator				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
TOTAL		0	0	0	0

**Attachment D.5: CME Personnel Detail—Year 3 (Option Year 1)**

Organization: 0

Note: Add additional positions as necessary.

Fringe Benefit Rate= \_\_\_\_\_

**CME Operations**

Position	Percent Time (% FTE; maximum 100%)	# of individuals in this position at this FTE	Annual Salary	Salary Included in Proposal	Fringe Benefits
Executive Director		1.0		0	0
Chief Financial Officer		1.0		0	0
Clinical Director	100.0%	1.0		0	0
Provider Network Director	100.0%	1.0		0	0
Community Resource Specialist	100.0%	7.0		0	0
Quality Assurance and Data Director	100.0%	1.0		0	0
Support Staff	100.00%	2.0		0	0
				0	0
				0	0
				0	0
TOTAL		14	0	0	0

**CME Care Coordination**

Position	Percent Time (% FTE; maximum 100%)	# of individuals in this position at this FTE	Annual Salary	Salary Included in Proposal	Fringe Benefits
Care Coordinator Supervisor				0	0
Care Coordinator				0	0
				0	0
				0	0
				0	0
				0	0
TOTAL		0	0	0	0

**Attachment D.6: CME Personnel Detail—Year 4 (Option Year 2)**

Organization: 0

Note: Add additional positions as necessary.

Fringe Benefit Rate= \_\_\_\_\_

**CME Operations**

Position	Percent Time (% FTE; maximum 100%)	# of individuals in this position at this FTE	Annual Salary	Salary Included in Proposal	Fringe Benefits
Executive Director		1.0		0	0
Chief Financial Officer		1.0		0	0
Clinical Director	100.0%	1.0		0	0
Provider Network Director	100.0%	1.0		0	0
Community Resource Specialist	100.0%	7.0		0	0
Quality Assurance and Data Director	100.0%	1.0		0	0
Support Staff	100.00%	2.0		0	0
				0	0
				0	0
				0	0
TOTAL		13	0	0	0

**CME Care Coordination**

Position	Percent Time (% FTE; maximum 100%)	# of individuals in this position at this FTE	Annual Salary	Salary Included in Proposal	Fringe Benefits
Care Coordinator Supervisor				0	0
Care Coordinator				0	0
				0	0
				0	0
				0	0
				0	0
TOTAL		0	0	0	0

**Attachment D.7: CME Personnel Detail—Year 5 (Option Year 3)**

Organization: 0

Note: Add additional positions as necessary.

Fringe Benefit Rate= \_\_\_\_\_

**CME Operations**

Position	Percent Time (% FTE; maximum 100%)	# of individuals in this position at this FTE	Annual Salary	Salary Included in Proposal	Fringe Benefits
Executive Director		1.0		0	0
Chief Financial Officer		1.0		0	0
Clinical Director	100.0%	1.0		0	0
Provider Network Director	100.0%	1.0		0	0
Community Resource Specialist	100.0%	7.0		0	0
Quality Assurance and Data Director	100.0%	1.0		0	0
Support Staff	100.00%	2.0		0	0
				0	0
				0	0
				0	0
TOTAL		14	0	0	0

**CME Care Coordination**

Position	Percent Time (% FTE; maximum 100%)	# of individuals in this position at this FTE	Annual Salary	Salary Included in Proposal	Fringe Benefits
Care Coordinator Supervisor				0	0
Care Coordinator				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
TOTAL		0	0	0	0



**Attachment D.8: CME Operating Detail**

Organization: 0

**CME Operations**

Line Item	Year 1	Year 2	Year 3 (Option Year 1)	Year 4 (Option Year 2)	Year 5 (Option Year 3)
Rent (include janitorial and utilities)					
Office Supplies					
Telephones (include cell phones)					
Computers and Software					
Equipment Rental/Maintenance					
Staff Development/ Training					
Consultants					
Printing/Postage					
Local Travel					
Liability Insurance					
Performance Bond					
Payment Bond					
Background Checks					
Other:					
a.					
b.					
c.					
d.					
e.					
<b>TOTAL</b>	0	0	0	0	0

**CME Care Coordination**

Line Item	Year 1	Year 2	Year 3 (Option Year 1)	Year 4 (Option Year 2)	Year 5 (Option Year 3)
Telephones (include cell phones)					
Equipment Rental/Maintenance					
Staff Development/ Training					
Printing/Postage					
Local Travel					
Other:					
a.					
b.					
c.					
d.					
e.					
<b>TOTAL</b>	0	0	0	0	0

- 23) Part VI, Section Appendices, pg. 111 – The reference to the minimum data set is being deleted to be consistent with item 22 of this Amendment 1. The revised text will read as follows:

**~~APPENDIX G – Minimum Data Set~~**

- 24) Part VI, Section Appendices, pgs. 143 – 153 – The minimum data set document is being deleted from the RFP. Should the selected offeror opt to use its own Management Information System, GOC will forward any necessary data requirements before the start of the Contract. The revised text will read as follows:

## APPENDIX G — Minimum Data Set

**Note:** There may be amendments to this data set during the course of the demonstration project.

Name	Description	Width	Type	Values/Format	Comment
F1CORE_ID	Unique Personal Identifier assigned by the CME	9	Numeric	#####	-
F1CORE_DT	Date Stamp	8	String/Numeric	MMDDYYYY	Date of assessment / data collection
F1CORE_DTm	Date Stamp: Month of assessment	2	Numeric	MM	<b>ALTERNATIVE SERIES OF VARIABLES TO F1CORE_DT.</b> E.g., January = 01 (or 1 because variable is numeric)
F1CORE_DTd	Date Stamp: Day of assessment	2	Numeric	DD	E.g., First day of month 01 (or 1 because variable is numeric)
F1CORE_DTy	Date Stamp: Year of assessment	4	Numeric	YYYY	-
F1CORE_RT	Record Trail	3	String	B = Baseline	-
				3 = 3 months since baseline	
				6 = 6 months since baseline	
				9 = 9 months since baseline	
				12 = 12 months since baseline	
				---	
				D = Discharge	

F1CORE_EN	Episode of Care	3	Numeric	1= first episode of care 2=second episode of care 3= third episode of care ...	An episode of care consists of an interval from a start/admission date to its corresponding discharge/termination date.
fundsre	Funding Source	-	String/Numeric	-	Formatting is up to the CME's discretion. Please include in data transfer explanation of codes.
<b>DEMOGRAPHIC &amp; FAMILY DATA</b>					
F1CORE_01	Youth Date of birth	8	String/Numeric	MMDDYYYY	E.g., January 1, 2011 = 01112011
F1CORE_01m	Youth Month of birth	2	Numeric	MM	<b>ALTERNATIVE SERIES OF VARIABLES TO F1CORE_01.</b> E.g., January = 01 (or 1 because variable is numeric)
F1CORE_01d	Youth Day of birth	2	Numeric	DD	E.g., First day of month 01 (or 1 because variable is numeric)
F1CORE_01y	Youth Year of birth	4	Numeric	YYYY	-
F1CORE_02	Youth Gender	1	Numeric	1=Male; 2=Female; 3=Unknown 5 = Transgender	
F1CORE_03	Youth Race	1	Numeric	1=White; 2=Black/African American; 3=Asian; 4=American Indian/Alaska Native;	-

				5=Native Hawaiian or Other Pacific Islander;	
				6=Other	
F1CORE_04	Youth Ethnicity	1	Numeric	1=Hispanic or Latino;	-
				2=Non-Hispanic;	
				3=Other	
F1CORE_34a	Youth Race/Ethnicity: White	3	Numeric	0=No	ALTERNATIVE SERIES OF VARIABLES TO F1CORE_03 & F1CORE_04.
				1=Yes	
F1CORE_34b	Youth Race/Ethnicity: Black/African American	3	Numeric	0=No	
				1=Yes	
F1CORE_34c	Youth Race/Ethnicity: Asian/Asian American	3	Numeric	0=No	
				1=Yes	
F1CORE_34d	Youth Race/Ethnicity: American Indian/Alaska Native	3	Numeric	0=No	
				1=Yes	
F1CORE_34e	Youth Race/Ethnicity: Native Hawaiian or Other Pacific Islander	3	Numeric	0=No	
				1=Yes	
				-	
F1CORE_34f	Youth Race/Ethnicity: Hispanic/Latino(a)	3	Numeric	0=No	
				1=Yes	
F1CORE_34g	Youth Race/Ethnicity: Other (Please specify)	50	String	-	
				-	
F1CORE_05	Current Caregiver	1	Numeric	1=Biological parent;	ALTERNATIVE TO CATEGORIES LISTED HERE: Please consider including every typical relationship of primary caregiver to youth.
				2=Step parent;	
				3=Adoptive parent;	
				4=Grandparent;	
				5=Live in friend/relative;	
				6=Foster Parent	
				7=Other	

				-	
				-	
F1CORE_06	Youth's current living arrangement and/or residential placement	1	Numeric	1=Family or relative's home;	<b>ALTERNATIVE TO CATEGORIES LISTED HERE:</b> Please consider including every typical living arrangement.
				2=Foster care home;	
				3=Therapeutic foster care;	
				4=Detention/jail;	
				5=Other residential setting	
				-	
				... RTC/PRTF	
				Homeless/shelter...	
				-	
				-	
F1CORE_07	Total annual family income in the past year	10.2	Numeric	\$\$\$\$\$\$\$\$.\$\$	If this value is missing (e.g., was not asked or recorded or family refused to answer this information), please enter \$99999999.99
F1CORE_08	Would youth be Medicaid eligible for non-waiver home-based services?	1	Numeric	1=Yes;	-
				0=No	
				-	
HEALTH & HEALTH CARE HISTORY					
F1CORE_09	Youth DSM-IV Diagnosis: Primary	6	String	###.##	Include Axis I and Axis II only. If there is third diagnosis, please include here.
F1CORE_10	Youth DSM-IV Diagnosis: Secondary	6	String	###.##	Include Axis I and Axis II only. If there is third diagnosis, please include here.
F1CORE_10a	Youth DSM-IV Diagnosis: Tertiary	6	String	###.##	Include Axis I and Axis II only. If there is third

					diagnosis, please include here.
F1CORE__11	Age that youth first received mental health services	2	Numeric	##	For "NEVER," please enter 99 here. For "DON'T KNOW," please leave blank.
F1CORE__12	# of PRTF admissions that youth has had to date	2	Numeric	##	Includes current admission if still in PRTF.  For "NONE," please enter 0 (zero) here. For "DON'T KNOW," please leave blank.
F1CORE__13	Date of youth's first ever PRTF admission	8	String/Numeric	MMDDYYYY	If youth has NEVER been in PRTF, please enter 999.
F1CORE__13m	Date of youth's first ever PRTF admission: Month	2	Numeric	MM	<b>ALTERNATIVE SERIES OF VARIABLES TO F1CORE__13.</b> E.g., January = 01 (or 1 because variable is numeric)
F1CORE__13d	Date of youth's first ever PRTF admission: Day	2	Numeric	DD	E.g., First day of month 01 (or 1 because variable is numeric)
F1CORE__13y	Date of youth's first ever PRTF admission: Year	4	Numeric	YYYY	-
F1CORE__14	Date of youth's admission at most recent PRTF stay	8	String/Numeric	MMDDYYYY	If youth is still currently in PRTF, then use date of admission for current stay.  If youth has NEVER been in PRTF, please enter 999.

F1CORE_14m	Date of youth's admission at most recent PRTF stay: Month	2	Numeric	MM	<b>ALTERNATIVE SERIES OF VARIABLES TO F1CORE_14.</b> E.g., January = 01 (or 1 because variable is numeric)
F1CORE_14d	Date of youth's admission at most recent PRTF stay: Day	2	Numeric	DD	E.g., First day of month 01 (or 1 because variable is numeric)
F1CORE_14y	Date of youth's admission at most recent PRTF stay: Year	4	Numeric	YYYY	-
F1CORE_15	Date of youth's exit at most recent PRTF stay	8	String/Numeric	MMDDYYYY	If the youth is still currently in the PRTF when this item is collected, then the answer should be "NA."  If youth has NEVER been in PRTF, please enter 999.
F1CORE_15m	Date of youth's exit at most recent PRTF stay: Month	2	Numeric	MM	<b>ALTERNATIVE SERIES OF VARIABLES TO F1CORE_15.</b> E.g., January = 01 (or 1 because variable is numeric)
F1CORE_15d	Date of youth's exit at most recent PRTF stay: Day	2	Numeric	DD	E.g., First day of month 01 (or 1 because variable is numeric)
F1CORE_15y	Date of youth's exit at most recent PRTF stay: Year	4	Numeric	YYYY	-



wrapaddt	Date of youth's admission to Wraparound	8	String/Numeric	MMDDYYYY	Should be derived from record data, not self reported.  For families in the RTC Waiver, enter the date of notification of acceptance into the Waiver.
wrapaddtm	Date of youth's admission to Wraparound: Month	2	Numeric	MM	<b>ALTERNATIVE SERIES OF VARIABLES TO wrapaddt.</b> E.g., January = 01 (or 1 because variable is numeric)
wrapaddtd	Date of youth's admission to Wraparound: Day	2	Numeric	DD	E.g., First day of month 01 (or 1 because variable is numeric)
wrapaddy	Date of youth's admission to Wraparound: Year	4	Numeric	YYYY	-
<b>ENVIRONMENTAL VARIABLES</b>					
F1CORE_17	Was youth diverted from the PRTF?	1	Numeric	1=Yes;	<b>(Assessed only at intake/baseline).</b> Even if youth was discharged from RTC the day prior to completion of application packet, s/he is considered a "diversion," because there is no request for an advisory authorization to participate.
				0=No	
				-	
				If yes to F1CORE_17, then F1CORE_18 is no. These two questions can be both no, but cannot be both yes.	
F1CORE_18	Was youth transitioned from PRTF?	1	Numeric	1=Yes;	<b>Assessed only at intake/baseline).</b>
				0=No	

				-	Youth is only considered to be a "transition" from an RTC, if an advisory <u>Authorization to Participate (ATP)</u> was completed due to youth continuing to reside at RTC at time of the completion of the Waiver application packet.
				If yes to F1CORE_18, then F1CORE_18 is no. These two questions can be both no, but cannot be both yes.	
F1CORE_19	Has youth ever moved in the past 6 months?	1	Numeric	1=Yes;	-
				0=No	
				-	
F1CORE_20	Has youth ever been in ANY out of home or substitute care in the past 6 months	1	Numeric	1=Yes;	Out of home (OOH) placement is defined by any placement or living situation in which the youth is no longer with a natural or adopted caregiver and instead is residing in a professional/clinical setting, where people are being paid to take care of him/her. OOH placements include both family-based settings (e.g., foster care, treatment foster care) and congregate care settings (group home, therapeutic group home, and residential treatment centers).-
				0=No	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	

F1CORE_20a	If yes, please specify what kind of out-of-home care	3	Numeric	-	ALTERNATIVE TO CATEGORIES LISTED HERE: Please consider including every typical living arrangement.
				2=Foster care home;	
				3=Therapeutic foster care;	
				4=Detention/jail;	
				5=Other residential setting	
				-	
				... RTC/PRTF	
				Homeless/shelter...	
F1CORE_20b	If youth was in more than one type of out-of-home care in past 6 months, please specify the other type of out-of-home care	3	Numeric	-	ALTERNATIVE TO CATEGORIES LISTED HERE: Please consider including every typical living arrangement. If CME system already captures more categories than listed, please include in data transfer along with explanation of codes.
				2=Foster care home;	
				3=Therapeutic foster care;	
				4=Detention/jail;	
				5=Other residential setting	
				-	
				... RTC/PRTF	
				Homeless/shelter...	
F1CORE_21	Has the youth received vocational counseling/employment services in the past 6 months?	1	Numeric	1=Yes;	Applies to all age groups
				0=No	
				-	
				-	
F1CORE_22	Has the youth had contact with unemployment office in the past 6 months?	1	Numeric	1=Yes;	Optional for youth less than 18 years of age
				0=No	
				-	
				-	
F1CORE_23	Has the youth had contact with any special education	1	Numeric	1=Yes;	-
				0=No	

	program in the past 6 months?			-	
F1CORE_24a	Has the youth received psychosocial rehabilitation services in the past 6 months?	1	Numeric	1=Yes; 0=No	-
F1CORE_24b	Has the youth received supported employment services in the past 6 months?	1	Numeric	1=Yes; 0=No	-
F1CORE_26	Date of discharge/disenrollment from the Wraparound	8	String/Numeric	MMDDYYYY	-
F1CORE_26m	Date of discharge/disenrollment from the Wraparound: Month	2	Numeric	MM	<b>ALTERNATIVE SERIES OF VARIABLES TO F1CORE_26.</b> E.g., January = 01 (or 1 because variable is numeric)
F1CORE_26d	Date of discharge/disenrollment from the Wraparound: Day	2	Numeric	DD	
F1CORE_26y	Date of discharge/disenrollment from the Wraparound: Year	4	Numeric	YYYY	

F1CORE_27	Duration (in days) of program participation for youth in wraparound program	3	Numeric	###	To be provided at discharge only.
				<div>1— Aged out</div> <div>2— Transfer to PRTF</div> <div>3— Transfer to inpatient facility, not PRTF</div> <div>4— Increased functioning; no need for HCBS waiver</div> <div>5— Medicaid Ineligibility</div> <div>6— Incarcerated/juvenile justice involvement</div> <div>7— Non-compliant</div> <div>8— Moved/Moved out of state</div> <div>9— Parent chooses to opt out of waiver (None of the reasons listed above.)</div>	To be provided at discharge only.
F1CORE_28	Reason for discharge	1	Numeric	10— Other _____ [indicate other]	
F1CORE_28a	If other reason for discharge, please describe	250	String	-	-